

**CHIRON CORPORATION
INTELLECTUAL PROPERTY
4560 HORTON STREET
EMERYVILLE, CA 94608-2916
USA**

**Tel: (510) 923-2708/(510) 923-4104
Fax: (510) 655-3542**

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FACSIMILE COVER SHEET

**TO: Examiner Mary K. Zeman
United States Patent & Trademark Office**

Date: 19 September 2003

Fax No. 703-746-5279

FROM: Alisa A. Harbin

**Number of Pages: 43
(Including cover page)**

**RE: U.S. Patent Application Serial No. 08/441,355
Filing Date: May 15, 1995; First named inventor: Houghton, M.
Group Art Unit No. 1631
Atty. Docket No.: PP00063.021**

Message:

PLEASE SEE ACCOMPANYING PAGE(S)

Please contact Esperanza Licad at (510) 923-4104 if you have any problems receiving this transmission.

PATENT

Atty. Docket No. PP00063.021

I hereby certify that this paper is being facsimile transmitted to Examiner Mary Zeman with the U.S. Patent & Trademark Office, Group Art Unit 1631, facsimile number (703) 746-5279 on September 19, 2003.

Esperanza Licad Sept 19, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

MICHAEL HOUGHTON et al.

Serial No. 08/441,355

Group Art Unit: 1631

Filed: May 15, 1995

Examiner: M. Zeman

For: PROCESS FOR SCREENING FOR HCV (AS AMENDED)

AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a further amendment to the amendment filed July 3, 2003.

_____ Applicant petitions for extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

_____ one month	\$ 110.00
_____ two months	\$ 410.00
_____ three months	\$ 930.00
_____ four months	\$1,450.00

_____ An extension for _____ months has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total months of extension now requested.
Extension fee due with this request \$_____.

X Applicant believes that no extension of time is required with this paper because an extension of time was requested and the subsequent fee was submitted with the amendment filed June 24, 2003. However, if any additional extension and/or fee is required, please charge Deposit Account No. 03-1664. **THIS IS NOT AN AUTHORIZATION TO PAY THE ISSUE FEE.**

PATENT
Atty. Docket No. PP00063.021

The fee for claims (37 C.F.R. §1.16(b)-(d)) has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE
TOTAL	*135	MINUS	*241	= 0	x \$18.00	\$0.00
INDEP.	*10	MINUS	*15	= 0	x \$84.00	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					+ \$280.00	\$0.00

Total \$ 0

- * If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid for" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

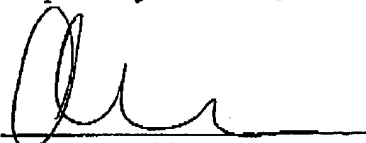
 X No additional fee for claims is required.

 Attached is check no. in the amount of \$.

 X If any additional fees are required, please charge Deposit Account No. 03-1664.
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Respectfully submitted,

By:


 Alisa A. Harbin
 Reg. No. 33,895

Dated: September 19, 2003

CHIRON CORPORATION
 Intellectual Property - R440
 P.O. Box 8097
 Emeryville, CA 94662-8097
 (510) 923-2708
 (510) 655-3542 (Fax)